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UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA

RECEIVED BY MAIL  
AUG 12 2024  
CLERK, U.S. DISTRICT COURT  
MINNEAPOLIS, MINNESOTA

*Cassandra Hope Bennett*  
OID# 244482

Plaintiff(s),

(Enter the full name(s) of ALL plaintiff(s)  
and prisoner number(s) in this action.)

vs.

*Minnesota Dept of Corrections  
Commissioner Paul Schnell*

Case No. 24-cv-3244 (NEB/TNL)  
(To be assigned by Clerk of District Court)

DEMAND FOR JURY TRIAL

YES  NO

Defendant(s).

(Enter the full name(s) of ALL defendants in  
this action. Please attach additional sheets  
if necessary).

SCANNED  
AUG 12 2024  
U.S. DISTRICT COURT MPLS

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER  
42 U.S.C. § 1983**

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved

in this action or otherwise relating to your imprisonment in the last three years?

Yes

No

B. If you answer to (a) is "yes", describe each lawsuit in the space below.

1. Parties to the previous lawsuit:

Plaintiffs:

Defendants:

2. Court (If federal court, name the district. If state court, name the state and county.):

3. Case Number:

4. Name of judge assigned to the case:

5. Cause of action (Cite the statute under which you filed and write a brief statement of the case):

6. Disposition or final determination of the case (for example, dismissed or appealed).

7. Approximate date of filing the lawsuit:

8. Approximate date of disposition or final determination of the lawsuit:

\*\*\*Attach a copy of the disposition or final determination of the lawsuit if it was filed in a court other than the U.S. District Court for the District of Minnesota.\*\*\*

If there was more than one lawsuit, describe the additional lawsuits on a separate sheet of paper answering the same questions in the same order as above in Question 1(b). Label this information as Question 1(b).

Check here if additional sheets of paper are attached.

## II. PRESENT PLACE OF CONFINEMENT

A. Is there a prisoner grievance procedure in the institution?

Yes

No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?

Yes

No

C. If you answered "yes" to question II.B.:

1. What steps did you take: I reported multiple Incidents through both Kite Systems and through verbal Conferences with Unit Lt.'s & A.W.O. Mary McComb. I also followed Chain of Command, Grievance System, and also I've Spoken to The Ombudsman.
2. What was the result? I've been placed on IR (Investigative restriction) 5 times for either my Safety or possible PREA Situations. Kites are either never returned, lost, or Come back 5-7 Months later. I Currently do Not have Kites or Grievances, Since I Cannot receive them back.

\*\*\*Attach a copy of the decision or disposition received from the prisoner grievance procedure.\*\*\*

D. If you answered "no" to question II.B., explain why you did not present the facts relating to your complaint in a prisoner grievance procedure.

## III. PARTIES

List your name, prisoner number, address and telephone number. Do the same for any additional plaintiffs. Attach an additional sheet of paper, if necessary.

A. Name of Plaintiff: Cassandra Hope Bennett (legally Charged)

Prisoner Number 244482

Address 7525 24th Ave. Lino Lakes, MN 55014 (MCF-Lino Lakes)

**Additional Plaintiffs:**

Provide each defendant's full name, official position, and place of employment. Attach additional sheets of paper, if necessary.

B. Name: Minnesota Department of Corrections

Official Position: State Agency

Employer's Address: 1450 Energy Park Dr  
St. Paul, MN 55108

Additional Defendants: Paul Schnell, MNDOC Commissioner  
1450 Energy Park Dr.  
St. Paul, MN 55108

**NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.**

Check here if additional sheets of paper are attached:

Please label the attached sheets of paper as II.A. for Plaintiffs and II.B. for Defendants.

**IV. STATEMENT OF THE CLAIM**

Describe in the space provided below the basic facts of your claim. Describe how each individual defendant is personally involved, including dates, places and specific wrongful acts or omissions by each defendant. Each factual allegation should be provided in separately lettered paragraphs, beginning with letter A. Do not make any legal arguments or cite any cases or statutes.

A. I am a Male to Female Transwoman Currently Housed and Incarcerated at MCF-Lino Lakes (An All-Male Facility). I am Currently on the 8th month of my "Hormone Replacement Therapy" for a DSM-5 Diagnosis of Gender Dysphoria. I am Currently Housed in an "All-male" Sex offender Treatment Program unit. I do have a Single Cell restriction, but I am also a Survivor of Prison Rape & Assault from a PREA Incident that occurred in 2016 at MCF-Rush City. I was transferred to MCF-11 from MCF-RC on January 7th, 2024 to complete an S.O. Mandate.

#### IV Statement of Claim, Cont.

A. Since I've been at this facility, I have been placed on IR (Investigative Restriction - which means Complete Lock Down in my Cell) on 5 different occasions, for either my Safety or for PREA Investigations. A.W.O. Mary McComb, Spoke to me in March 2024 & Stated that "All reports I made had been Substantiated!"

The Incidents Were as follows:

- I Wear female Undergarments - My Bra has been either "popped or pulled" on 17 different occasions. I am rapidly Developing Breast Tissue and basically going through "female Puberty". Multiple IP's make disgusting & Derogatory Comments & threats of Rape, forced Sexual Acts, or males trying to Drive me, or threaten me to be in a relationship with them.
- My Hair (Especially my Ponytail) pulled and/or Yanked. This has happened well over 20+ times.
- My Hips, Shoulders, or Buttox, Grappled or fondled, Numerous times.
- In the Past 1 month, there has been 21 PREA Incidents in my unit, alone, Including another Transwoman that Just went to Segregation for being Sexual with another IP. I have been Continuously fearful for my Life & Safety Since Coming to this facility. I have followed Chain of Command, Grievances, Spoken to Everyone from Therapists to C.O.'s, Sgts, Lt.'s, and Wardens... Everyone Smiles & are Polite, but nothing has been done to remedy this.

Pl IV. Statement of Claim, Cont.

B. I have Identified as a Woman for over 14 years. I have been on HRT Since November of 2023. I have feminine characteristics, I have Successfully obtained Legal Name Change to fit my Gender. I have Breasts, wear feminine undergarments, etc. Yet, I have Petitioned the DOC/ Central office, Comm. Paul Schnell & Nanette Larson, Ret. Dep. Com. of Client Services, to be transferred to MCF-Shakopee for both my Safety & to be placed with people that I now medically & Psychologically Identify with. I've been Denied, Twice. Which has placed my life in Considerable Danger.

- I am Constantly Surrounded by "Male Sex offenders" Many whom have Sexually offended against Women. I am Constantly Treated with absolute disrespect, Discriminated against, Sexually & Physically Harassed Constantly because of my Gender. I am treated as Prey, Constantly. I'm Being Groped, fondled, touched, & Sexually Prepositioned, Daily. I'm being told I Should be Raped to Death because I am a TransWoman. And, the more I Develop, the more these Incidents will occur, until I am Sexually assaulted, again, or Worse.

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached:

Please label the attached sheets of paper to as Additional Facts and continue to letter the paragraphs consecutively.

#### V. REQUEST FOR RELIEF

State briefly exactly what you want the Court to do for you. Do not make any legal arguments or cite any cases or statutes.

I am asking the Court to Please issue an Emergency Injunctive for Relief. I do have an HRU Hearing October 28th, 2024, but Doc will more than likely Extend me another 365 Days or less to Complete the mandate. I Expirete my Conditional Release On May 15th, 2026. I have a Fiancee & Her family that I can release to in Ashland, WI. I would be Safe, I can go to SETP outpatient, and receive my Gender-Affirming Care.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge, and belief.

Signed this 7<sup>th</sup> day of August , 2024

Signature(s) of Plaintiff(s)

Cassandra Thepe Bennett 244482

MF-Lino Lakes 7820 4th Ave.

Lino Lakes, MN 55014

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.